

**NH DES WASTE MANAGEMENT DIVISION  
ENVIRONMENTAL INCIDENT RESPONSE REPORT**

**Incident # HWI-** \_\_\_\_\_

Date Rec'd: \_\_\_\_\_ Time Rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Reporter: \_\_\_\_\_ Phone: \_\_\_\_\_

Name

\_\_\_\_\_

Title

Location: \_\_\_\_\_

Facility name

\_\_\_\_\_

Address

Town

Zip code

\_\_\_\_\_

Phone number at incident

\_\_\_\_\_

EPA ID number

Incident date: \_\_\_\_\_ Time: \_\_\_\_\_

Incident Type: ☐ Fire ☐ Spill ☐ Transportation accident ☐ Abandonment  
☐ Vapor Release ☐ Other (Specify: \_\_\_\_\_)

Material(s): Name

Quantity

_____	_____
_____	_____
_____	_____

Injuries: ☐ Employee(s) ☐ Responder(s) ☐ By-stander(s) (indicate #) ☐ None

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evacuations: ☐ None ☐ Employees ☐ Other Businesses ☐ Residents

Comments: \_\_\_\_\_

Human Health/Environmental Hazards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information:

Directions to the site: \_\_\_\_\_

\_\_\_\_\_

---

Responsible Party (name, address, phone, contact person) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Affected Area: Land only \_\_\_\_\_ Surface water (name) \_\_\_\_\_

Fire Department notified: Yes \_\_\_\_\_ No \_\_\_\_\_

Agencies/Officials on Scene: \_\_\_\_\_

Clean-up Contractor hired: Yes \_\_\_\_\_ No \_\_\_\_\_ Time notified: \_\_\_\_\_

Name of Clean-up Contractor: \_\_\_\_\_

Response action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Division response: ☐ none ☐ phone ☐ referral to other agency ☐ on scene participation